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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/763,653	
	Filing Date	January 22, 2004	
	First Named Inventor	Leonard Schlessinger	
	Art Unit	1631	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	KAIS-0009

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimers (3) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 pg); Attachment to Request for Withdrawal as Attorney (1 pg).
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David B. Ritchie, Reg. No. 31,562 Thelen Reid & Priest LLP
Signature	
Date	11-12-2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Beatrice Orozco
Signature	
Date	11/12/2004

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/763,653
Filing Date	January 22, 2004
First Named Inventor	Leonard Schlessinger
Art Unit	1631
Examiner Name	Unassigned
Attorney Docket Number	KAIS-0009

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requested transfer of cases to other law firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. Saltzberg				
Address	Morrison & Foerster LLP 425 Market Street				
City	San Francisco	State	CA	ZIP	94105
Country	U.S.A.				
Telephone	(415) 268-6428	Fax	(650) 268-7522		
Signature					
Name	David B. Ritchie	Registration No.	31,562		
Date	11/12/2004	Telephone No.	(408) 292-5800		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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KAIS-0009

Attachment to Request for Withdrawal as Attorney or Agent

Additional Attorneys Withdrawing:

Robert E. Krebs, Reg. No. 25,885
Marc S. Hanish, Reg. No. 42,626
John P. Schaub, Reg. No. 42,125
Adrienne Yeung, Reg. No. 44,000
Steve J. Robbins, Reg. No. 40,299
Thierry K. Lo, Reg. No. 49,097
William Samuel Niece, Reg. No. 47,824
J. Davis Gilmer, Reg. No. 44,711
William E. Winters, Reg. No. 42,232
Masako Ando, (37 C.F.R. §10.9 (b))
John Klass Uilkema, Reg. No. 20,282
Becky L. Troutman, Reg. No. 36,703
Hal J. Bohner, Reg. No. 27,856